

2005

Behavioral Risk Factor Surveillance System

Questionnaire

South Carolina

2005 Behavioral Risk Factor Surveillance System Questionnaire – South Carolina

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Behavioral Risk Factor Surveillance System

(January 2005 Final Version)

Interviewer's Script

HELLO, I am calling for the South Carolina Department of Health and Environmental Control. My name is (name) . We are conducting a survey to gather information about the health of South Carolina residents. This project is conducted by the Department of Health and Environmental Control with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ? If **"No"**, thank you very much, but I seem to have dialed the wrong number. It is possible that your number may be called at a later time. **STOP**

Is this a **cellular telephone**? If **"Yes"**, thank you very much, but we are only interviewing land line telephones in private residences. **STOP**

Is this a private residence? If **"No"**, thank you very much, but we are only interviewing private residences. **STOP**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If **"1"** Are you the adult?

If **"Yes"** Then you are the person I need to speak with. Enter 1 man or 1 woman below. **[Ask gender if necessary]. ⇒ Go to *"Consent Statement"* on next page**

If **"No"** Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her)** from previous question]? **⇒ Go to *"Correct Respondent"* on next page.**

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.

If **"You"**, ⇒ Go to ***"Consent Statement"*** on next page

To Correct Respondent: My name is (name) calling for the South Carolina Department of Health and Environmental Control. We are conducting a survey to gather information about the health of South Carolina residents. This project is conducted by the Department of Health and Environmental Control with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

(Consent statement): I won't ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

Core Section 1: Health Status

C01Q01 Would you say that in general your health is: (73)

Please read

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- or
- 5 Poor

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

Core Section 2: Healthy Days – Health-related Quality of Life

C02Q01 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74-75)

- — Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

C02Q02 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76-77)

- — Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

If C02Q01 and C02Q02=88 (None), ⇒ Go to next section, C03Q01, page 3.

C02Q03 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Core Section 3: Health Care Access

C03Q01 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

C03Q02 Do you have one person you think of as your personal doctor or health care provider? (81)

If "No", ask: "Is there more than one or is there no person who you think of as your personal doctor or health care provider?"

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

C03Q03 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

C03Q04 About how long has it been since you last visited a doctor for a routine checkup? (83)

- 1 Within past yr (1-12 months ago)
- 2 Within past 2 yrs (1-2 yrs ago)
- 3 Within past 5 yrs (2-5 yrs ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Core Section 4: Exercise

C04Q01 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Core Section 5: Diabetes

C05Q01. Have you EVER been told by a doctor that you have diabetes? (85)

Note: If respondent says 'pre-diabetes or borderline diabetes', use response **Code 4**.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

If "Yes" and respondent is female, ask: *"Was this only when you were pregnant?"*

If response to C05Q01 = 1 (Yes), continue; otherwise go to C06Q01, page 6.

Optional Module 1: Diabetes

M01Q01. How old were you when you were told you have diabetes? (201-202)

- Code age in years [97=97 and older]
- 9 8 Don't know / Not sure
- 9 9 Refused

M01Q02. Are you now taking insulin? (203)

- 1 Yes
- 2 No
- 9 Refused

M01Q03. Are you now taking diabetes pills? (204)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

M01Q04. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (205-207)

1 __	Times per day
2 __	Times per week
3 __	Times per month
4 __	Times per year
8 8 8	Never
7 7 7	Don't know / Not sure
9 9 9	Refused

M01Q05. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (208-210)

1 __	Times per day
2 __	Times per week
3 __	Times per month
4 __	Times per year
8 8 8	Never
5 5 5	No feet
7 7 7	Don't know / Not sure
9 9 9	Refused

M01Q06. Have you EVER had any sores or irritations on your feet that took more than four weeks to heal? (211)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

M01Q07. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (212-213)

--	Number of times [76=76 or more]
8 8	None
7 7	Don't know / Not sure
9 9	Refused

M01Q08. A test for "**A one C**" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "**A one C**"? (214-215)

--	Number of times [76=76 or more]
8 8	None
9 8	Never heard of " A one C " test (volunteered)
7 7	Don't know / Not sure
9 9	Refused

If Q5= 555 (No Feet); ⇒ Go to M01Q10, page 6.

M01Q09. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (216-217)

- Number of times [76=76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

M01Q10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (218)

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 8 Never
- 7 Don't know / Not sure
- 9 Refused

M01Q11. Has a doctor EVER told you that diabetes has affected your eyes or that you had retinopathy? (219)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

M01Q12. Have you EVER taken a course or class in how to manage your diabetes yourself? (220)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Core Section 6: Hypertension Awareness

C06Q01 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (86)

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

- 1 Yes
- 2 Yes, but female told only during pregnancy ⇒ Go to next section, C07Q01, page 7.
- 3 No ⇒ Go to next section, C07Q01, page 7.
- 4 Told borderline high or pre-hypertensive ⇒ Go to next section, C07Q01, page 7.
- 7 Don't know / Not sure ⇒ Go to next section, C07Q01, page 7.
- 9 Refused ⇒ Go to next section, C07Q01, page 7.

C06Q02. Are you currently taking medicine for your high blood pressure? (87)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Core Section 7: Cholesterol Awareness

C07Q01. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (88)

- 1 Yes
- 2 No ⇒ Go to next section, C08Q01.
- 7 Don't know / Not sure ⇒ Go to next section, C08Q01.
- 9 Refused ⇒ Go to next section, C08Q01.

C07Q02. About how long has it been since you last had your blood cholesterol checked? (89)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

C07Q03. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Core Section 8: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure":

C08Q01. (Ever told) you had a heart attack, also called a myocardial infarction? (91)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

C08Q02. (Ever told) you had angina or coronary heart disease? (92)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

C08Q03. (Ever told) you had a stroke? (93)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Core Section 9: Asthma

C09Q01. Have you EVER been told by a doctor, nurse, or other health professional that you had asthma? (94)

- 1 Yes
- 2 No ⇒ Go to next section, C10Q01
- 7 Don't know / Not sure ⇒ Go to next section, C10Q01
- 9 Refused ⇒ Go to next section, C10Q01

C09Q02. Do you still have asthma? (95)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Core Section 10: Immunization

C10Q01. A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot? (96)

Probe if necessary: We want to know if you had a flu shot injected in your arm.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

C10Q02. During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine that is sprayed in the nose is also called FluMist™. (97)

- 1 Yes ⇒ Go to C10Q04, page 9
- 2 No ⇒ If C10Q01 is "Yes" Go to C10Q04, page 9; otherwise Go to C10Q06, page 10
- 7 Don't know / Not sure ⇒ If C10Q01 is "Yes" Go to C10Q04, page 9; If C10Q01 is "No" Go to C10Q06, page 10; otherwise Go to C10Q07, page 10
- 9 Refused ⇒ If C10Q01 is "Yes" Go to C10Q04, page 9; If C10Q01 is "No" Go to C10Q06, page 10; otherwise Go to C10Q07, page 10

Added Questions on Influenza Vaccine

C10Q04. During what month and year did you receive your most recent flu vaccination?

(756-761)

If "Yes" to both C10Q01 and C10Q02, also say: "The most recent flu vaccination may have been either the flu shot or the flu spray."

_ _ / _ _ _ _ Month / Year

77/7777 Don't know/Not Sure (Probe: "Was it before or after September 2004?" Code approximate month and year)

99/9999 Refused

If C10Q04 is DK or RF go to C10Q05

C10Q05. Where did you go to get your most recent [FILL: flu shot/vaccine that was sprayed in your nose/vaccination (whether it was a shot or spray in the nose)]?

(762-763)

Read only if necessary:

01 A doctor's office or health maintenance organization (HMO)

02 A health department

03 Another type of clinic or health center

[Example: a community health center]

04 A senior, recreation, or community center

05 A store [Examples: supermarket, drug store]

06 A hospital [Example: in-patient]

07 An emergency room

08 Workplace

or

09 Some other kind of place

10 Received vaccination in Canada/Mexico (Volunteered)

77 Don't know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?)

99 Refused

If C10Q04 is before 9/2004 go to C10Q06, page 10; if C10Q04 is DK or RF, go to C10Q06, page 10; otherwise go to C10Q07, page 10

C10Q06. What is the **MAIN** reason you have **NOT** received a flu vaccination for this current flu season? [Interviewer note: The current flu season = Sept. '04 – Mar. '05]

(764-765)

Do not read answer choices below. Select category that best matches response.

- 01 Need: Do not need it
- 02 Need: Doctor did not recommend it
- 03 Need: Did not know that I should be vaccinated
- 04 Need: Flu is not that serious
- 05 Need: Had the flu already this flu season
- 06 Concern about vaccine: side effects/can cause flu
- 07 Concern about vaccine: does not work
- 08 Access: Plan to get vaccinated later this flu season
- 09 Access: Flu vaccination costs too much
- 10 Access: Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason

- 77 Don't know/Not sure (Probe: "What was the main reason?")
- 99 Refused

C10Q07 If C10Q04 is 09/2003 through 03/2004 go to C10Q03, otherwise ask C10Q07

Did you get a flu vaccination during the 'last flu season' in other words during the months of September 2003 through March 2004?

(766)

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

C10Q03. A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

(98)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

C10Q08 Has a doctor, nurse, or other health professional ever said that you have any of the following health problems? (767)

Read each problem listed below:

Asthma

Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids

-or-

Sickle cell anemia or other anemia

- 1 Yes => **Go to C10Q09**
- 2 No => **Go to C10Q10**
- 7 Don't know/Not sure (Probe by repeating question) => **Go to C10Q10**
- 9 Refused => **Go to C10Q10**

C10Q09 Do you still have (this/any of these) problem(s)? (768)

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

C10Q10. Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home? (769)

If necessary say: This includes part-time and volunteer work.

- 1 Yes => **Go to C10Q11**
- 2 No => **Go to C11Q01**
- 7 Don't know/Not sure (Do not probe) => **Go to C11Q01**
- 9 Refused => **Go to C11Q01**

C10Q11. Do you have direct face-to-face or hands-on contact with patients as a part of your routine work? (770)

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Probe by repeating question)
- 9 Refused

Core Section 11: Tobacco Use

C11Q01. Have you smoked at least 100 cigarettes in your entire life? (99)

Note: 5 packs = 100 cigarettes

- 1 Yes
- 2 No => **Go to next section, C12Q01, page 12**
- 7 Don't know / Not sure => **Go to next section, C12Q01, page 12**
- 9 Refused => **Go to next section, C12Q01, page 12**

C11Q02. Do you now smoke cigarettes every day, some days, or not at all? (100)

- 1 Every day
- 2 Some days
- 3 Not at all ⇒ Go to next section, C12Q01
- 9 Refused ⇒ Go to next section, C12Q01

C11Q03 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (101)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Core Section 12: Alcohol Consumption

C12Q01. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (102)

- 1 Yes
- 2 No ⇒ Go to next section, C13Q01, page 13
- 7 Don't know / Not sure ⇒ Go to next section, C13Q01, page 13
- 9 Refused ⇒ Go to next section, C13Q01, page 13

C12Q02. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (103-105)

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days ⇒ Go to next section, C13Q01, page 13
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

C12Q03. One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (106-107)

- _ _ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

C12Q04. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion? (108-109)

- _ _ Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

C12Q05. During the past 30 days, what is the largest number of drinks you had on any occasion? (110-111)

--	Number
7 7	Don't know / Not sure
9 9	Refused

Core Section 13: Demographics

C13Q01. What is your age? (112-113)

--	Code age in years
0 7	Don't know / Not sure
0 9	Refused

C13Q02. Are you Hispanic or Latino? (114)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

C13Q03. Which one or more of the following would you say is your race? (115-120)
[Check all that apply]

Please read

1	White
2	Black or African American
3	Asian
4	Native Hawaiian or Other Pacific Islander
5	American Indian, Alaska Native
	or
6	Other [specify] _____

DO NOT READ

8	No additional choices
7	Don't know / Not sure
9	Refused

If more than one response to C13Q03; continue. Otherwise, ⇒Go to C13Q05, page 14.

C13Q04. Which one of these groups would you say BEST represents your race? (121)

1	White
2	Black or African American
3	Asian
4	Native Hawaiian or Other Pacific Islander
5	American Indian or Alaska Native
6	Other [specify] _____
7	Don't know / Not sure
9	Refused

C13Q05. Are you...? (122)

Please read

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- or
- 6 A member of an unmarried couple

DO NOT READ

- 9 Refused

C13Q06. How many children less than 18 years of age live in your household? (123-124)

- Number of children
- 8 8 None
- 9 9 Refused

C13Q07. What is the highest grade or year of school you completed? (125)

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 9 Refused

C13Q08. Are you currently? (126)

Please read

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A homemaker
- 6 A student
- 7 Retired,
- or
- 8 Unable to work

DO NOT READ

- 9 Refused

C13Q09. Is your annual household income from all sources...?

(127-128)

If respondent refuses at ANY income level, code 99 (Refused).

Read only if necessary:

- 0 4 Less than \$25,000 If "no", ask 05; if "yes", ask 03
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 If "no", code 04; if "yes", ask 02
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 If "no", code 03; if "yes", ask 01
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 If "no", code 02
- 0 5 Less than \$35,000 If "no", ask 06
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 If "no", ask 07
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 If "no", code 08
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

DO NOT READ

- 7 7 Don't know / Not sure
- 9 9 Refused

C13Q10. About how much do you weigh without shoes?

(129-132)

Note: If respondent answers in metrics, put "9" in column 129.

[Round fractions up]

---- Weight
(pounds/kilograms)

7 7 7 7 Don't know / Not sure

9 9 9 9 Refused

C13Q11. About how tall are you without shoes?

(133-136)

Note: If respondent answers in metrics, put "9" in column 133.

[Round fractions down]

-- / -- Height
(ft / inches/meters/centimeters)

7 7 7 7 Don't know / Not sure

9 9 9 9 Refused

C13Q12. What county do you live in?

(137-139)

--- FIPS county code

7 7 7 Don't know / Not sure

9 9 9 Refused

C13Q13. What is your ZIP Code where you live? (140-144)

-----	ZIP Code
7 7 7 7 7	Don't know / Not sure
9 9 9 9 9	Refused

C13Q14. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (145)

1	Yes
2	No ⇒Go to C13Q16
7	Don't know / Not sure ⇒Go to C13Q16
9	Refused ⇒Go to C13Q16

C13Q15. How many of these phone numbers are residential numbers? (146)

—	Residential telephone numbers [6=6 or more]
7	Don't know / Not sure
9	Refused

C13Q16. During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of phone service due to weather or natural disasters. (147)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

C13Q17. Indicate sex of respondent. [Ask only if necessary]. (148)

1	Male ⇒Go to next section, C14Q01
2	Female (If respondent is 45 years old or older, ⇒Go to next section, C14Q01)

C13Q18. To your knowledge, are you now pregnant? (149)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

Core Section 14: Veteran's Status

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

C14Q01. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (150)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

Core Section 15: Disability

The following questions are about health problems or impairments you may have.

C15Q01. Are you limited in any way in any activities because of physical, mental, or emotional problems? (151)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

C15Q02. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (152)

Note: Include occasional use or use in certain circumstances.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Core Section 16: Arthritis Burden

The next questions refer to the joints in your body. Please do NOT include the back or neck.

C16Q01. During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint? (153)

- 1 Yes
- 2 No ⇒ Go to C16Q04, page 18
- 7 Don't know / Not sure ⇒ Go to C16Q04, page 18
- 9 Refused ⇒ Go to C16Q04, page 18

C16Q02. Did your joint symptoms FIRST begin more than 3 months ago? (154)

- 1 Yes
- 2 No ⇒ Go to C16Q04, page 18
- 7 Don't know / Not sure ⇒ Go to C16Q04, page 18
- 9 Refused ⇒ Go to C16Q04, page 18

C16Q03. Have you EVER seen a doctor or other health professional for these joint symptoms? (155)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

C16Q04. Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (156)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

If either C16Q02=1 (Yes) or C16Q04=1 (Yes); continue. Otherwise, ⇒Go to introduction to C17Q01.

C16Q05. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (157)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Note: If a respondent question arises about medication, then the interviewer should reply: *"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."*

Core Section 17: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods *you* eat. Include all foods *you* eat, both at home and away from home.

C17Q01. How often do you drink fruit juices such as orange, grapefruit, or tomato? (158-160)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

C17Q02. Not counting juice, how often do you eat fruit?

(161-163)

1 __ Per day
2 __ Per week
3 __ Per month
4 __ Per year
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

C17Q03. How often do you eat green salad?

(164-166)

1 __ Per day
2 __ Per week
3 __ Per month
4 __ Per year
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

C17Q04. How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

(167-169)

1 __ Per day
2 __ Per week
3 __ Per month
4 __ Per year
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

C17Q05 How often do you eat carrots?

(170-172)

1 __ Per day
2 __ Per week
3 __ Per month
4 __ Per year
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

C17Q06. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

(173-175)

1 __ Per day
2 __ Per week
3 __ Per month
4 __ Per year
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

Core Section 18: Physical Activity

If Core C13Q08=1(employed for wages) or 2(self-employed); continue. Otherwise, ⇒ Go to C18Q02.

C18Q01. When you are at work, which of the following best describes what you do? Would you say?
(176)

Note: If respondent has multiple jobs, include all jobs.

Please read

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

Please read

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

C18Q02. Now, thinking about the moderate activities you do [fill in "when you are not working" if "employed" or self-employed"] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?
(177)

- 1 Yes
- 2 No ⇒ Go to C18Q05
- 7 Don't know / Not sure ⇒ Go to C18Q05
- 9 Refused ⇒ Go to C18Q05

C18Q03. How many days per week do you do these moderate activities for at least 10 minutes at a time?
(178-179)

- Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time ⇒ Go to C18Q05
- 7 7 Don't know / Not sure ⇒ Go to C18Q05
- 9 9 Refused ⇒ Go to C18Q05

C18Q04. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?
(180-182)

- ._:_ Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

C18Q05. Now, thinking about the vigorous activities you do [fill in "when you are not working" if "employed" or "self-employed"] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?
(183)

- 1 Yes
- 2 No ⇒ Go to next section, C19Q01, page 21
- 7 Don't know / Not sure ⇒ Go to next section, C19Q01, page 21
- 9 Refused ⇒ Go to next section, C19Q01, page 21

C18Q06. How many days per week do you do these vigorous activities for at least 10 minutes at a time?
(184-185)

- Days per week
8 8 Do not do any vigorous physical activity for at least 10 minutes at a time ⇒ Go to next section, C19Q01
7 7 Don't know / Not sure ⇒ Go to next section, C19Q01
9 9 Refused ⇒ Go to next section, C19Q01

C18Q07. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?
(186-188)

- ._:._ Hours and minutes per day
7 7 7 Don't know / Not sure
9 9 9 Refused

Core Section 19: HIV/AIDS

[If respondent is 65 years or older; ⇒ Go to next section, C20Q01, page 22]

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you do not have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

C19Q01. Have you EVER been tested for HIV? Do not count tests you may have had as part of a blood donation. Include tests using fluid from your mouth.
(189)

- 1 Yes
2 No ⇒ Go to C19Q04, page 22
7 Don't know / Not sure ⇒ Go to C19Q04, page 22
9 Refused ⇒ Go to C19Q04, page 22

C19Q02. Not including blood donations, in what month and year was your last HIV test?
(190-195)

Note: If response is before January 1985, code "Don't know."

- ._./._ Code month and year
7 7 7 7 7 7 Don't know / Not sure
9 9 9 9 9 9 Refused

C19Q03. Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, drug treatment facility, or somewhere else?
(196-197)

- 0 1 Private doctor or HMO
0 2 Counseling and testing site
0 3 Hospital
0 4 Clinic
0 5 In a jail or prison (or other correctional facility)
0 6 Home
0 7 Somewhere else
0 8 Drug treatment facility

7 7 Don't know / Not sure
9 9 Refused

C19Q04. I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

Please read

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

(198)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Core Section 20: Emotional Support and Life Satisfaction

The next two questions are about emotional support and satisfaction with life.

C20Q01. How often do you get the social and emotional support you need? Would you say ...

(199)

Please read

- | | |
|---|------------|
| 1 | Always |
| 2 | Usually |
| 3 | Sometimes |
| 4 | Rarely, or |
| 5 | Never |

DO NOT READ

- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused |

C20Q02. In general, how satisfied are you with your life? Would you say ...

(200)

Please read

- | | |
|---|-------------------|
| 1 | Very satisfied |
| 2 | Satisfied |
| 3 | Dissatisfied, or |
| 4 | Very dissatisfied |

DO NOT READ

- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused |

Added Questions on Influenza Vaccine - Child

If Core C13Q06 = 88 or 99 (no children under age 18 in the household, or refused), ⇒ Go to M05Q01, page 25.

If Core C13Q06 = 1; **INTERVIEWER:** "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." ⇒ Go to C13Q18.

If Core C13Q06 is > 1 and Core C13Q06 does not equal to 88 or 99; **INTERVIEWER:** "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the [second/third/fourth, etc.] child."

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN.

INTERVIEWER: "I have some additional questions about one specific child. The child I will be referring to is the [Fill: random number from CATI] child. All following questions about children will be about that child."

c21Q18 Is the child a boy or a girl? (776)

1. Boy
2. Girl
9. Refused

C21Q19. In what month and year was [FILL: he/she] born? (777-782)

_ _ / _ _ _ _ Month / Year

- 7 7 / 7 7 7 7 Don't know/Not sure (Probe by repeating the question)
9 9 / 9 9 9 9 Refused

C21Q20. Has a doctor, nurse, or other health professional ever said that [Fill: he/she] has any of the following health problems? (783)

Read each problem listed below:

Asthma

Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids

Must take aspirin every day

-or-

Sickle cell anemia or other anemia

- 1 Yes – Go to C21Q21, page 24
- 2 No – Go to C21Q22, page 24
- 7 Don't know/Not sure (Probe by repeating the question) – Go to C21Q22, page 24
- 9 Refused – Go to C21Q22, page 24

C21Q21. Does [Fill: he/she] still have (this/any of these) problem(s)? (784)

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

C21Q22 **If child is less than 6 months old, go to M05Q01, page 25; otherwise ask:** During the past 12 months, has [Fill: he/she] had a flu shot? A flu shot is a flu vaccine injected in a child's arm or thigh. (785)

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

C21Q23. During the past 12 months, has [Fill: he/she] had a flu vaccine sprayed in the nose? The flu vaccine that is sprayed in the nose is FluMist™. (786)

- 1 Yes – **Go to C21Q24**
- 2 No – **If C21Q22 is "Yes" go to C21Q24, otherwise go to C21Q25, page 25**
- 7 Don't know/Not sure (Do not probe) – **If C21Q22 is "Yes" go to C21Q24; if C21Q22 is "No" go to C21Q25, page 25; otherwise go to C21Q26, page 25**
- 9 Refused – **If C21Q22 is "Yes" go to C21Q24; if C21Q22 is "No" go to C21Q25, page 25; otherwise go to C21Q26, page 25**

C21Q24. During what month and year did [Fill: he/she] receive the most recent flu vaccination? (787-792)

If "Yes" to both C21Q22 and C21Q23, also say: "The most recent flu vaccination may have been either the flu shot or the flu spray."

__/____ Month / Year – **If C21Q24 is before 09/2004 go to C21Q25, page 25; otherwise go to C21Q26, page 25**

77/7777 Don't know/Not Sure (Probe: "Was it before or after September 2004?"
Code approximately month and year)

99/9999 Refused

If C21Q24 is DK or RF, go to C21Q25, page 25

C21Q25. What is the **MAIN** reason [Fill: he/she] has not received a flu vaccination for this current flu season?
[Interviewer note: The current flu season = Sept. '04 – Mar. '05] (793-794)

Do not read answer choices below. Select category that best matches response.

- 01 Need: Child does not need it
- 02 Need: Doctor did not recommend it
- 03 Need: Did not know that child should be vaccinated
- 04 Need: Flu is not that serious
- 05 Need: Child had the flu already this flu season
- 06 Concern about vaccine: side effects/can cause flu
- 07 Concern about vaccine: does not work
- 08 Access: Plan to get child vaccinated later this flu season
- 09 Access: Flu vaccination costs too much
- 10 Access: Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason

- 77 Don't know/Not sure (Probe: "What was the main reason?")
- 99 Refused

C21Q26. If C21Q19 date is 06/2003 to present, go to M05Q01; if C21Q24 is 09/2003 through 03/2004, go to M05Q01, otherwise ask C21Q26.

Did [Fill: he/she] get the flu vaccine during the 'last flu season' in other words during the months of September 2003 through March 2004?

(795)

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

Optional Module 5: Cardiovascular Health

If "Yes" to Core (C08Q01) 'ever told one had a heart attack or myocardial infarction'; ask M05Q01.

I would like to ask you a few more questions about your cardiovascular or heart health.

M05Q01. After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

(249)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

If "Yes" to Core (C08Q03) 'ever told one had a stroke'; ask M05Q02, page 26.

M05Q02. After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (250)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

[Question M05Q03 is asked of all respondents.]

M05Q03. Do you take aspirin daily or every other day? (251)

- 1 Yes ⇒ Go to instructions before M08Q01
- 2 No
- 7 Don't know / Not sure
- 9 Refused

M05Q04. Do you have a health problem or condition that makes taking aspirin unsafe for you? (252)

If "Yes," ask *"Is this a stomach condition?"* Code upset stomach as stomach problems.

- 1 Yes, not stomach related
- 2 Yes, stomach problems
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Optional Module 8: Influenza

[THIS QUESTION NOT ASKED IN JANUARY AND FEBRUARY 2005]

If Core C10Q01 or C10Q02= 1 (Yes); ask M08Q01; otherwise go to instructions before M17Q01, page 27.

M08Q01. Where did you go to get your most recent flu shot/ vaccine that was sprayed in your nose / vaccination (whether it was a shot or spray in your nose)? [CATI fill in appropriate response from Immunization Core Questions C10Q01 and C10Q02]. (276-277)

Read only if necessary:

- 0 1 A doctor's office or health maintenance organization
- 0 2 A health department
- 0 3 Another type of clinic or health center
[Example: a community health center]
- 0 4 A senior, recreation, or community center
- 0 5 A store [Examples: supermarket, drug store]
- 0 6 A hospital emergency room
- 0 7 Workplace
- or
- 0 8 Some other kind of place

DO NOT READ

- 7 7 Don't know / Not sure
- 9 9 Refused

Optional Module 17: Arthritis Management

If Core C16Q02 or C16Q04= 1 (Yes); continue. Otherwise, ⇒ Go to next module, M18Q01.

M17Q01. "Earlier you indicated that you had arthritis or joint symptoms." Thinking about your arthritis or joint symptoms, which of the following best describes you TODAY? (331)

Please read

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

M17Q02. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (332)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

M17Q03. Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms? (333)

Note: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

M17Q04. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (334)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Optional Module 18: Weight Control

M18Q01. Are you now trying to lose weight? (335)

- 1 Yes ⇒ Go to M18Q03, page 28
- 2 No
- 7 Don't know / Not sure
- 9 Refused

M18Q02. Are you now trying to maintain your current weight, that is, to keep from gaining weight? (336)

- 1 Yes
- 2 No ⇒ Go to M18Q05
- 7 Don't know / Not sure ⇒ Go to M18Q05
- 9 Refused ⇒ Go to M18Q05

M18Q03. Are you eating either fewer calories or less fat to... (337)
lose weight? [If "Yes" to M18Q01]

keep from gaining weight? [If "Yes" to M18Q02]

Probe for which:

- 1 Yes, fewer calories
- 2 Yes, less fat
- 3 Yes, fewer calories and less fat
- 4 No
- 7 Don't know / Not sure
- 9 Refused

M18Q04. Are you using physical activity or exercise to... (338)
lose weight? [If "Yes" to M18Q01]

keep from gaining weight? [If "Yes" to M18Q02]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

M18Q05. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight? (339)

Probe for which:

- 1 Yes, lose weight
- 2 Yes, gain weight
- 3 Yes, maintain current weight
- 4 No
- 7 Don't know / Not sure
- 9 Refused

Optional Module 21: Smoking Cessation

If response to Core C11Q02 = "3" (Not at all); continue. Otherwise, if Core C11Q02 = is '1' (every day) or '2' (some days); ⇒ Go to M21Q02. Otherwise, go to M22Q01, page 30.

Previously you said you have smoked cigarettes:

M21Q01. About how long has it been since you last smoked cigarettes? (355-356)

Read only if necessary:

- 0 1 Within the past month (anytime less than 1 month ago) ⇒ Go to M21Q02
- 0 2 Within the past 3 months (1 month but less than 3 months ago) ⇒ Go to M21Q02
- 0 3 Within the past 6 months (3 months but less than 6 months ago) Go to M21Q02
- 0 4 Within the past year (6 months but less than 1 year ago) ⇒ Go to M21Q02
- 0 5 Within the past 5 years (1 year but less than 5 years ago) ⇒ Go to next module, M22Q01, page 30
- 0 6 Within the past 10 years (5 years but less than 10 years ago) ⇒ Go to the next module, M22Q01, page 30
- 0 7 10 or more years ago ⇒ Go to next module, M22Q01, page 30
- 7 7 Don't know / Not sure ⇒ Go to next module, M22Q01, page 30
- 9 9 Refused ⇒ Go to next module, M22Q01, page 30

If response to M21Q01 = 01, 02, 03, or 04"; or if Core C11Q02 = "1 or 2," continue.

The next questions are about interactions you might have had with a doctor, nurse, or other health professional.

M21Q02. In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself? (357-358)

- Number of times [01-76]
- 8 8 None ⇒ Go to next module, M22Q01, page 30
- 7 7 Don't know / Not sure
- 9 9 Refused

M21Q03. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider? (359-360)

- Number of visits [01-76]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

M21Q04. On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion? (361-362)

(Pronunciation: Well BYOU trin/ZEYE ban/byou PRO pee on)

- Number of visits [01-76]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

M21Q05. On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking? (363-364)

- Number of visits [01-76]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Optional Module 22: Secondhand Smoke Policy

M22Q01. Which statement best describes the rules about smoking inside your home? (365)

Please read

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside your home
- or
- 4 There are no rules about smoking inside your home

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

If response to Core C13Q08= 1 (employed) or 2 (self-employed); continue. Otherwise, ⇒ Go to next module, M25Q01, page 31

M22Q02. While working at your job, are you indoors most of the time? (366)

- 1 Yes
- 2 No ⇒ Go to next module, M25Q01, page 31
- 7 Don't know / Not sure ⇒ Go to next module, M25Q01, page 31
- 9 Refused ⇒ Go to next module, M25Q01, page 31

M22Q03. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (367)

Note: For workers who visit clients or work at home, "place of work" means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.

Please read

- 1 Not allowed in any public areas
- 2 Allowed in some public areas
- 3 Allowed in all public areas
- or
- 4 No official policy

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

M22Q04. Which of the following best describes your place of work's official smoking policy for work areas?
(368)

Please read

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas
- or
- 4 No official policy

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

Optional Module 25: Sexual Violence

I'd like to ask you some questions about physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact, and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. Remember that your phone number has been chosen randomly and your answers are strictly confidential. At the end of this section I will give you phone numbers for organizations that can provide information and referral for both of these issues. Please keep in mind that you can ask me to skip any question that you do not want to answer. If you are not in a safe place to answer these questions, I can skip to the next topic area.

My first questions are about unwanted sexual experiences you may have had.

M25Q01. In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like flashing you, peeping, sexual harassment, or making you look at sexual photos or movies.
(377)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

M25Q02. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to or without your consent?
(378)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER'S SCRIPT: "Now I am going to ask you about unwanted sex. Unwanted sex includes things like putting anything into your vagina [*if female*], anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused".

M25Q03. In the past 12 months, has anyone ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR?
(379)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

M25Q04. In the past 12 months, has anyone HAD SEX with you after you said or showed that you didn't want to or without your consent? (380)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Ask M25Q05 only if M25Q03 or M25Q04=1 (Yes). Otherwise, go to instruction before M25Q07, page 33.

[CATI INSTRUCTION]: Apply the following logic:

If M25Q04=1 (regardless of response to M25Q03) then M25Q05 reads "... *the person who had sex with you...*" If M25Q04=2 and M25Q03=1 then M25Q05 reads "... *the person who attempted to have sex with you...*"

M25Q05. At the time of the most recent incident, what was your relationship to the person who [had sex-or attempted to have sex] with you after you said or showed that you didn't want to or without your consent. (381-382)

DO NOT READ

- 0 1 Complete stranger
- 0 2 A person known for less than 24 hours
- 0 3 Acquaintance
- 0 4 Friend
- 0 5 Date
- 0 6 Current boyfriend/girlfriend
- 0 7 Former boyfriend/ girlfriend
- 0 8 Spouse or live-in partner
- 0 9 Ex-spouse or ex live-in partner
- 1 0 Co-worker
- 1 1 Neighbor
- 1 2 Parent
- 1 3 Step-parent
- 1 4 Parent's partner
- 1 5 Other relative
- 1 6 Other non-relative
- 1 7 Multiple perpetrators (skip gender)
- 7 7 Don't know / Not sure
- 9 9 Refused

INTERVIEWER NOTE: If the respondent indicates the gender of the person, please complete question M25Q06. If the respondent does not indicate the gender of the person, please ask question M25Q06.

M25Q06. Was the person who did this male or female? (383)

- 1 Male
- 2 Female
- 7 Don't know / Not sure
- 9 Refused

If M25Q03=2, 7, 9 (No, Don't Know, Refused); continue. Otherwise, ⇒ Go to instructions before M25Q08.

M25Q07. Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR? (384)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

If M25Q04=2, 7, 9 (No, Don't Know, Refused); continue. Otherwise, read closing statement.

M25Q08. Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent? (385)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1-800-656-HOPE (4673)**. Would you like me to repeat this number?

State-Added Section 1: Skin Cancer

The next questions are about what you do to protect your skin when you go outside.

SC01Q01. When you go outside on a sunny summer day for more than one hour, how often do you use sunscreen or sunblock? Summer means June, July, and August. (401)

Would you say:

READ

- 1. Always
- 2. Nearly always
- 3. Sometimes
- 4. Seldom
- or
- 5. Never → Go to SC01Q03, page 34

DO NOT READ

- 8. Don't stay out more than an hour → Go to SC02Q01, page 35
- 7. Don't know/Not sure → Go to SC01Q03, page 34
- 9. Refused → Go to SC01Q03, page 34

INTERVIEWER NOTE: Sunny is what respondent considers sunny

SC01Q02. What is the Sun Protection Factor or SPF of the sunscreen you use most often? (402-403)

- _ _ Number
- 7 7 Don't know/Not sure
- 9 9 Refused

SC01Q03. When you go outside on a sunny summer day for more than an hour, how often do you stay in the shade? Would you say: (404)

READ

1. Always
2. Nearly always
3. Sometimes
4. Seldom
or
5. Never

DO NOT READ

7. Don't know/Not sure
9. Refused

SC01Q04. (When you go outside on a sunny summer day for more than an hour,) how often do you wear a wide-brimmed hat or any other hat that shades your face, ears, and neck from the sun? Would you say: (405)

READ

1. Always
2. Nearly always
3. Sometimes
4. Seldom
or
5. Never

DO NOT READ

7. Don't know/Not sure
9. Refused

SC01Q05. (When you go outside on a sunny summer day for more than an hour,) how often do you wear long sleeved shirts? Would you say: (406)

READ

1. Always
2. Nearly always
3. Sometimes
4. Seldom
or
5. Never

DO NOT READ

7. Don't know/Not sure
9. Refused

State-Added Section 2: Epilepsy and Seizures

The next questions are about epilepsy and seizure.

SC02Q01. Have you ever been told by a doctor that you have a seizure disorder or epilepsy? (407)

1. Yes
2. No – **SKIP TO CLOSING**
7. DON'T KNOW/ NOT SURE – **SKIP TO CLOSING**
9. REFUSED – **SKIP TO CLOSING**

SC02Q02. Are you currently taking any medicine to control your seizure disorder or epilepsy? (408)

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

SC02Q03. How many seizures have you had in the last three months? (409)

Interviewer's Probe: Some people may call it "convulsion," "fit," "falling out spell," "episode," "attack," "drop attack," "staring spell," or "out-of-touch."

1. None
2. One
3. More than one
4. NO LONGER HAVE EPILEPSY OR SEIZURE DISORDER –**SKIP TO CLOSING**
7. DON'T KNOW/ NOT SURE
9. REFUSED

SC02Q04. In the past year have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder? (410)

1. Yes
2. No
7. DON'T KNOW/ NOT SURE
9. REFUSED

SC02Q05. During the past 30 days, to what extent has epilepsy or its treatment interfered with your normal activities like working, school, or socializing with family or friends? Would you say... (411)

1. Not at all
2. Slightly
3. Moderately
4. Quite a bit
5. Extremely
7. DON'T KNOW/ NOT SURE
9. REFUSED

CLOSING: Please read closing statement:

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.